



MISSOURI DEPARTMENT OF REVENUE
TAX ADMINISTRATION BUREAU
P.O. BOX 898
JEFFERSON CITY, MO 65105-0898
(573) 751-2326 TDD 1-800-735-2966
CREDIT UNION TAX RETURN

**1995
INT-4**

DLN

1996 TAXABLE YEAR BASED ON THE 1995 CALENDAR YEAR INCOME PERIOD.

DUE BY APRIL 15, 1996

NAME

ADDRESS

CITY, STATE, ZIP CODE

COUNTY

FEDERAL EMPLOYER IDENTIFICATION NUMBER

NOTE: A COPY OF THE NASCUS/NCUA CALL REPORT MUST BE ATTACHED.

PART I

1. Total Gross Income From NASCUS/NCUA Call Report as of December 31, 1995

\$

ADDITIONS

2. Recoveries of bad debts

3. Missouri Credit Union Tax

4. Missouri taxes claimed as credits on this return from Schedule A

5. Other additions, (attach schedule)

6. Total of Lines 1 through 5

\$

PART II

DEDUCTIONS

7. Total operating expenses from NASCUS/NCUA Call Report as of December 31, 1995

\$

8. Dividends and interest paid on general shares (NASCUS/NCUA Call Report)

9. Loans charged off as bad debts

10. Other deductions, (attach schedule)

11. Total of Lines 7 through 10

12. Taxable Income (Line 6 less Line 11)

\$

PART III

COMPUTATION OF TAX

If apportionment required, see instructions.

13. Tax- Line 12 x 7% or from apportionment schedule

\$

14. Tax credits from Line 4 above

15. Tax Due (Line 13 less Line 14)

16.A. Less tentative payment or amount previously paid

16.B. Miscellaneous Credits (attach schedule)

16.C. Enterprise Zone Credit

17. Overpayment of previous years tax (attach approved credit authorization)

18. NET TAX DUE (Line 15 less Lines 16A, 16B, 16C and 17)

19. Penalty interest for delinquent payment (see instructions)

20. TOTAL AMOUNT DUE, (Line 18 plus Line 19)

\$

MAKE CHECK PAYABLE TO: "FINANCIAL INSTITUTION TAX". SEND COMPLETED RETURN AND REQUIRED ATTACHMENTS TO: TAX ADMINISTRATION BUREAU, FINANCIAL INSTITUTION TAX SECTION, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.

| SCHEDULE A - TAXES CLAIMED AS CREDITS | |
|---|--------|
| DESCRIPTION (Do not list tangible personal property tax on leased property) | AMOUNT |
| | \$ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total (Enter on Lines 4 and 14, Page 1) | \$ |

| SCHEDULE B - POLITICAL SUBDIVISIONS TAXING THE REPORTING CREDIT UNION | | | |
|--|----------------|---|--------|
| SECTION 1 This must be filled out — Information available from your Real or Personal Property Tax Receipt. | | SECTION 2 Do not fill out — For State Use. | |
| SUBDIVISIONS | NAME OR NUMBER | RATE | AMOUNT |
| County | | | |
| City or Town | | | |
| Road District | | | |
| School District | | | |
| Library District | | | |
| Water District | | | |
| Sewer District | | | |
| Fire District | | | |
| Other Districts | | | |

| AUTHORIZATION/NON- AUTHORIZATION | |
|--|--|
| <input type="checkbox"/> I authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm. | <div>PREPARER'S TELEPHONE</div> <input type="checkbox"/> I do NOT authorize the Director of Revenue or his/her delegate to discuss my return and attachments with the preparer or any member of his/her firm. |

| SIGNATURE - PLEASE SIGN BELOW | | | |
|---|--------------|--|------|
| <p>_____, whose Return is herewith submitted, declare that we have read and are familiar with all of the statements contained in this Return, including the accompanying schedules (if any) all of which are true and correct, according to our best knowledge and belief, and that this return is a true and complete statement, in accordance with the law, for the taxable year covered.</p> | | | |
| SIGNATURE OF OFFICER | DATE | PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) | DATE |
| TITLE OF OFFICER | PHONE NUMBER | PREPARER'S ADDRESS AND ZIP CODE | FEIN |